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COMMENTARY

This interesting paper demonstrates the utility of the external jugular vein for the passage of a long-term intravenous catheter connected to a totally implanted device for long-term chemotherapy.

In the United States, the cephalic vein was used initially for cannulation through a cut-down in the deltopectoral groove. However, in a minority of patients this vein was absent or of insufficient size to be cannulated. Occasionally, although the cephalic vein was capacious enough to allow its cannulation, the catheter could not be advanced past the cephalic–subclavian vein junction. Similar experiences were noted in a few instances when the external jugular vein was used by this reviewer for cannulation. In some patients, the angle of the junction of external jugular or cephalic vein with the subclavian is such that the catheter as it goes through tends to hit the opposite wall of the vein and not to advance centrally.

The most popular route in the United States is currently the subclavian vein through direct cannulation, which is easy and safe with the available kits for insertion, including the peel-away catheters. This paper, however, indicates that with experience the external jugular vein can be an effective alternative for insertion of these catheters.

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